



CONTRACTOR COMPLAINT FORM

Please resubmit these questions with a copy of your contract, copies of canceled checks, advertising, and any documentation which pertains to this case.

1. Your name	Home phone	Business phone
Home address	Business address	
City State ZIP	City Sate ZIP	
2. Contractor's name (Owner and individual)	Contractor's business name	
Mailing address	Home phone	
City State ZIP	Business phone	

3. How did you first learn of this contractor? E.g., newspaper advertisement, friend, door-to-door solicitations, etc. Please send copies of any advertisements you may have.

4. Date entered contract	Location you entered in contract or agreement
Date work began	
5. Did the contractor at any time represent that he or she was a registered contractor? Send copies of any business cards that the suspect may have given you. <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Do you have any other pertinent information that may be helpful to us?

PLEASE EXPLAIN, IN DETAIL, YOUR ENTIRE COMPLAINT REGARDING YOUR TRANSACTION WITH THE CONTRACTOR. THIS WILL BE THE STATEMENT OF FACT. PLEASE BE AS SPECIFIC AS POSSIBLE.

STATEMENT OF FACT

Contractor's name
Complainant's name

Please explain the complaint in detail:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are four distinct groups of three lines each, separated by slightly larger gaps. This format is typical of notebook paper or a template for writing practice.

How many employees were noted and what type of work did they do?

Date	Signature
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